

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Association of Chain Drug Stores Political Action Committee

ADDRESS (number and street) 413 N. Lee Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00022368
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer R. James Huber

Signature of Treasurer Electronically Filed by R. James Huber Date 01 25 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		50120.54
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	51371.66									
(c) Total Receipts (from Line 19)	39668.69	151502.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	91040.35	201623.20								
7. Total Disbursements (from Line 31)	61791.13	172373.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29249.22	29249.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Association of Chain Drug Stores Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	30845.53	119567.94
(ii) Unitemized	1041.79	6431.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31887.32	125999.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	7500.00	23865.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	39387.32	149864.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	275.25	1570.37
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	6.12	67.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	39668.69	151502.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	39668.69	151502.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	534.13	2616.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	534.13	2616.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58750.00	167250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2507.00	2507.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	61791.13	172373.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61791.13	172373.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	39387.32	149864.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39387.32	149864.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	534.13	2616.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	275.25	1570.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	258.88	1046.61

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kerr Drug, Inc. PAC

Mailing Address 3220 Spring Forest Rd.

City Raleigh State NC Zip Code 27616-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 21 / 2009
Transaction ID: 30268898
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
ValuPAC

Mailing Address 15100 N 90th St Ste 190

City Scottsdale State AZ Zip Code 85260-2901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 08 / 18 / 2009
Transaction ID: 30389612
 Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
Wal-Mart Stores PAC

Mailing Address 702 SW 8th Street

City Bentonville State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 16 / 2009
Transaction ID: 30537467
 Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kerr Drug, Inc. PAC		Date of Receipt																					
	Mailing Address 3220 Spring Forest Rd.		<table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	6		2	0	0	9														
	City	State	Zip Code	Transaction ID: 30828176																				
	Raleigh	NC	27616-2822																					
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period																					
Name of Employer		Occupation	1500.00																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	2500.00																					

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	7500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1341.35

Date of Receipt: 07 / 27 / 2009

Transaction ID: 30316200

Amount of Each Receipt this Period: 46.23

NACDS Reimbursement of Bank Fees

B.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1387.38

Date of Receipt: 08 / 19 / 2009

Transaction ID: 30434292

Amount of Each Receipt this Period: 46.03

July 2009 Bank Fees Reimbursement

C.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1433.41

Date of Receipt: 09 / 29 / 2009

Transaction ID: 30610416

Amount of Each Receipt this Period: 46.03

August 2009 Bank Fees Reimbursement

SUBTOTAL of Receipts This Page (optional) ► 138.29

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1479.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	9

Transaction ID: 30706049

Amount of Each Receipt this Period

46.03

Sept 2009 Bank Fees Reimbursement

B.

Full Name (Last, First, Middle Initial)
National Association of Chain Drug Stores

Mailing Address 413 N. Lee Street

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1570.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

Transaction ID: 30932909

Amount of Each Receipt this Period

90.93

Oct 2009 Bank Fees Reimbursement

SUBTOTAL of Receipts This Page (optional)

136.96

TOTAL This Period (last page this line number only)

275.25

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. William Thompson, III

Mailing Address 600 E Chestnut Ave

City Altoona State PA Zip Code 16601-5216

FEC ID number of contributing federal political committee. **C**

Name of Employer Thompson Pharmacy Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 07 / 2009

Transaction ID: 30348747

Amount of Each Receipt this Period 5000.00

B. Full Name (Last, First, Middle Initial)
Lynne Fruth

Mailing Address 416 Arrowhead Drive

City Hurricane State WV Zip Code 25526-9112

FEC ID number of contributing federal political committee. **C**

Name of Employer Fruth Pharmacy Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2009

Transaction ID: 30533314

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Mark Brackett

Mailing Address 520 E. Main Street

City Gouverneur State NY Zip Code 13642-1561

FEC ID number of contributing federal political committee. **C**

Name of Employer Kinney Drugs, Inc. Occupation Vice President, Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 21 / 2009

Transaction ID: 30573523

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 7000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Joe Courtright

Mailing Address 2100 Brookwood Dr

City State Zip Code
Little Rock AR 72202-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USA Drug Chief Executive Officer and President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2009

Transaction ID: 30603612

Amount of Each Receipt this Period
1500.00

B.

Full Name (Last, First, Middle Initial)
Ms. Keri Jones

Mailing Address 1000 Nicollet Mall
Target Plaza South

City State Zip Code
Minneapolis MN 55403-2542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Target Corporation Senior Vice President, Health and Beauty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 06 / 2009

Transaction ID: 30634794

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Richard A. Cognetti

Mailing Address 29 E Main St

City State Zip Code
Gouverneur NY 13642-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kinney Drugs, Inc. Member, Board of Directors

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2009

Transaction ID: 30785851

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Cagnetti, Jr.

Mailing Address 520 E Main St

City State Zip Code
Gouverneur NY 13642-1561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kinney Drugs, Inc. Vice President of Retail Merchandising

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: 30810359

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert D. Loeffler

Mailing Address 646 S Main Ave

City State Zip Code
San Antonio TX 78204-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
H-E-B President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 4300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 30940412

Amount of Each Receipt this Period
1800.00

C.

Full Name (Last, First, Middle Initial)

Mr. Ronald J. Chomiuk

Mailing Address 702 SW 8th St

City State Zip Code
Bentonville AR 72716-6209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wal-Mart Stores, Inc. Vice President, Pharmacy Operations

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 30945005

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ►

2550.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Michael C. Kaufmann

Mailing Address 7000 Cardinal PI

City State Zip Code
Dublin OH 43017-1091

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medicine Shoppe International, Inc. Occupation: Chief Executive Officer - Pharmaceutic

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 09 / 2009

Transaction ID: 30947253

Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. Stanley B. Blaylock

Mailing Address 200 Wilmot Rd

City State Zip Code
Deerfield IL 60015-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer: Walgreen Co. Occupation: Corporate SVP and President, Walgreens

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 12 / 15 / 2009

Transaction ID: 31005008

Amount of Each Receipt this Period: 1500.00

C.

Full Name (Last, First, Middle Initial)
Mr. George S. Barrett

Mailing Address 7000 Cardinal PI

City State Zip Code
Dublin OH 43017-1091

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cardinal Health, Inc. Occupation: Vice Chairman and CEO, Healthcare Supp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 30 / 2009

Transaction ID: 31072083

Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► **5000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Don L. Bell, II

Mailing Address 413 N Lee St

City Alexandria State VA Zip Code 22314-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Senior Vice President, Legal Affairs a

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1054895622393
Amount of Each Receipt this Period: 461.52
P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. David M. Fitzsimmons

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Finance and Accounting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.33

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1054896222393
Amount of Each Receipt this Period: 272.76
P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mrs. Sandra Kay Guckian

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President & Deputy Director, Stat

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1437.50

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1054896922393
Amount of Each Receipt this Period: 750.00
P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1484.28**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Ms. Rhoda Kelly

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Chain Drug Sto
Occupation Vice President, Membership Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt 12 / 31 / 2009
Transaction ID: PR1054897022393
Amount of Each Receipt this Period 500.04
P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Ms. Nancy S. Riegle

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Chain Drug Sto
Occupation Vice President, Human Resources & Admi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1980.00

Date of Receipt 12 / 31 / 2009
Transaction ID: PR1054897522393
Amount of Each Receipt this Period 1080.00
P/R Deduction (\$79.62 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Mr. James A. Whitman

Mailing Address PO Box 1417-D49

City Alexandria State VA Zip Code 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer National Association of Chain Drug Sto
Occupation Senior Vice President, Member Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1916.59

Date of Receipt 12 / 31 / 2009
Transaction ID: PR1054897922393
Amount of Each Receipt this Period 999.96
P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2580.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Mr. Terrence Arth

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Meetings & Internation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.16

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055162922393
Amount of Each Receipt this Period: 143.04
P/R Deduction (\$11.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
Mr. Paul T. Kelly

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Federal Legislative Af

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1434.84

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055164122393
Amount of Each Receipt this Period: 782.64
P/R Deduction (\$57.69 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
Ms. Diane Darvey

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Director, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 956.56

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055165022393
Amount of Each Receipt this Period: 521.76
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1447.44

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Larry Lotridge

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Conference Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 477.33

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055173622393
 Amount of Each Receipt this Period: 272.76
 P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Kevin N. Nicholson

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Government Affairs & P

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 958.41

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055174722393
 Amount of Each Receipt this Period: 500.04
 P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Dale Masten

Mailing Address 7577 Central Parke Blvd Ste 124

City State Zip Code
Mason OH 45040-6834

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Director, State Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 502.26

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055176322393
 Amount of Each Receipt this Period: 273.96
 P/R Deduction (\$20.19 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1046.76

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ms. Julie Khani

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Public Policy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 982.33

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1055177422393
 Amount of Each Receipt this Period: 512.52
 P/R Deduction (\$39.42 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer Sargeant

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Manager, Education & CE Programs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.66

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR1900997822393
 Amount of Each Receipt this Period: 125.04
 P/R Deduction (\$9.62 Bi-W-ekly)

C. Full Name (Last, First, Middle Initial)
Ms. Laura Miller

Mailing Address 4855 Evergreen Lane N.

City State Zip Code
Plymouth MN 55442-2275

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Senior Economist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.14

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR2183668822393
 Amount of Each Receipt this Period: 130.44
 P/R Deduction (\$9.62 Bi-W-ekly)

SUBTOTAL of Receipts This Page (optional) ► **768.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Christopher Krese

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: SVP, Marketing, Communications, & Medi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR2231851422393
Amount of Each Receipt this Period: 480.00
P/R Deduction (\$76.93 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Christine M. Kopple

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Vice President, Media Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
721.25

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR2257462222393
Amount of Each Receipt this Period: 346.20
P/R Deduction (\$28.85 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Nora Reich

Mailing Address PO Box 1417-D49

City State Zip Code
Alexandria VA 22313-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer: National Association of Chain Drug Sto
Occupation: Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.66

Date of Receipt: 12 / 31 / 2009
Transaction ID: PR2257462522393
Amount of Each Receipt this Period: 125.04
P/R Deduction (\$9.62 Bi-W-ekely)

SUBTOTAL of Receipts This Page (optional) ▶ **951.24**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mr. Gary Wirth	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address PO Box 1417-D49	Transaction ID: PR2257462622393
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 545.40
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Vice President, State Government Affa	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 954.45	

B.	Full Name (Last, First, Middle Initial) Ms. Heidi Ecker	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address PO Box 1417-D49	Transaction ID: PR2374721922393
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 260.88
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Director, Government Affairs & Grassro	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 478.28	

C.	Full Name (Last, First, Middle Initial) Mr. Marc Schloss	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address PO Box 1417-D49	Transaction ID: PR2390680722393
	City State Zip Code Alexandria VA 22313-1480	Amount of Each Receipt this Period 211.53
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer National Association of Chain Drug Sto	Occupation Director, Federal Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

SUBTOTAL of Receipts This Page (optional)	1017.81
TOTAL This Period (last page this line number only)	30845.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Coburn For Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Thomas Allen Coburn, M.D.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OK District:</p>	<p>Transaction ID: 30237284 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WA District:</p>	<p>Transaction ID: 30237285 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Ellsworth For Congress Committee</p> <p>Mailing Address P.O. Box 62</p> <p>City Evansville State IN Zip Code 47701</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 08</p>	<p>Transaction ID: 30237287 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Matsui For Congress</p> <p>Mailing Address PO Box 1738</p> <p>City Sacramento State CA Zip Code 95812</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Doris Matsui</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30237290 Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address P.O. Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30302870 Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens For Altmire</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30302871 Date of Disbursement 07 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address P.O. Box 8331 <hr/> City State Zip Code Fremont CA 94537 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Fortney Peter Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30302872 Date of Disbursement 07 / 22 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City State Zip Code Prescott AR 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Michael Avery Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30302873 Date of Disbursement 07 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Larson For Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City State Zip Code Glastonbury CT 06033 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30302874 Date of Disbursement 07 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Friends Of John Barrow

Transaction ID: 30331929
Date of Disbursement

Mailing Address PO Box 8166

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

1000.00

Candidate Name
Rep. John Barrow

Office Sought: House Senate President
State: GA District: 12
Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Transaction ID: 30331932
Date of Disbursement

Mailing Address PO Box 2334

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

City Denton State TX Zip Code 76202

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

1000.00

Candidate Name
Rep. Michael C. Burgess, M.D.

Office Sought: House Senate President
State: TX District: 26
Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Mike Ross For Congress Committee

Transaction ID: 30345482
Date of Disbursement

Mailing Address PO Box 360

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	9

City Prescott State AR Zip Code 71857

Amount of Each Disbursement this Period

Purpose of Disbursement

011
Category/
Type

1000.00

Candidate Name
Rep. Michael Avery Ross

Office Sought: House Senate President
State: AR District: 04
Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate <hr/> Mailing Address PO Box 100847 <hr/> City Anchorage State AK Zip Code 99510 <hr/> Purpose of Disbursement Void - Lisa Murkowski for U.S. Senate <hr/> Candidate Name Lisa Murkowski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30347124 Date of Disbursement 08 / 06 / 2009 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> Void - Lisa Murkowski for U.S. Senate
B.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate <hr/> Mailing Address PO Box 100847 <hr/> City Anchorage State AK Zip Code 99510 <hr/> Purpose of Disbursement <hr/> Candidate Name Lisa Murkowski <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30347126 Date of Disbursement 08 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Feinstein For Senate <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Dianne Feinstein <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30360655 Date of Disbursement 08 / 10 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) The New Jersey Democratic State Committee (federal account)	Transaction ID: 30454495 Date of Disbursement 08 / 25 / 2009	
	Mailing Address 495 Broadway		
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement 2010 Primary	Category/Type	011
	Candidate Name The New Jersey Democratic State Committee (federal account)		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	2010 Primary
	State: District:		
B.	Full Name (Last, First, Middle Initial) Walden For Congress	Transaction ID: 30479353 Date of Disbursement 09 / 04 / 2009	
	Mailing Address PO Box 1091		
	City Hood River State OR Zip Code 97031	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement	Category/Type	011
	Candidate Name Rep. Gregory P. Walden		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OR District: 02		
C.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 30479355 Date of Disbursement 09 / 04 / 2009	
	Mailing Address 425 2nd St., NE		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period	4000.00
	Purpose of Disbursement Party Committee	Category/Type	011
	Candidate Name National Republican Senatorial Committee		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Party Committee
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) The National Republican Congressional Committee	Transaction ID: 30479356 Date of Disbursement 09 / 04 / 2009
	Mailing Address 320 First Street	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Party Committee Candidate Name The National Republican Congressional Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	011 Category/Type Party Committee

B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 30603634 Date of Disbursement 09 / 28 / 2009
	Mailing Address P.O. Box 127	Amount of Each Disbursement this Period 1000.00
	City Cheshire State CT Zip Code 06410	
	Purpose of Disbursement Candidate Name Rep. Christopher Scott Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	011 Category/Type

C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: 30603640 Date of Disbursement 09 / 28 / 2009
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 2500.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	011 Category/Type

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 18</p>	<p>Transaction ID: 30603641 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement 011 Kathy Dahlkemper, Congress 3rd PA Category/ Type</p> <p>Candidate Name Rep. Kathleen A. Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 03</p>	<p>Transaction ID: 30603656 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Kathy Dahlkemper, Congress 3rd PA</p>
<p>C. Full Name (Last, First, Middle Initial) Snowe For Senate</p> <p>Mailing Address P.O. Box 2006</p> <p>City Portland State ME Zip Code 04104</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Olympia J. Snowe</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District:</p>	<p>Transaction ID: 30603663 Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Loebsack For Congress	Transaction ID: 30603667 Date of Disbursement 09 / 28 / 2009
	Mailing Address PO Box 1457	Amount of Each Disbursement this Period 1000.00
	City Iowa City State IA Zip Code 52244	
	Purpose of Disbursement David Loebsack, Congress 2nd IA	011 Category/ Type
	Candidate Name Rep. David Wayne Loebsack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		David Loebsack, Congress 2nd IA

B.	Full Name (Last, First, Middle Initial) Mike McMahon For Congress	Transaction ID: 30603670 Date of Disbursement 09 / 28 / 2009
	Mailing Address 66 Arnold Street	Amount of Each Disbursement this Period 500.00
	City Staten Island State NY Zip Code 10301	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Michael McMahon	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Radanovich For Congress	Transaction ID: 30603675 Date of Disbursement 09 / 28 / 2009
	Mailing Address 30151 Tomas Street	Amount of Each Disbursement this Period 1000.00
	City Rancho Sta Mrgrita State CA Zip Code 92688	
	Purpose of Disbursement George Radanovich, Congress 19th VA	011 Category/ Type
	Candidate Name Rep. George P. Radanovich	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		George Radanovich, Congre- ss 19th VA

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer <hr/> Mailing Address PO Box 411176 <hr/> City Los Angeles State CA Zip Code 90041 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District:	Transaction ID: 30720576 Date of Disbursement 10 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Dede For Congress Inc <hr/> Mailing Address 63 Gleason Street <hr/> City Gouverneur State NY Zip Code 13642 <hr/> Purpose of Disbursement 011 Candidate Name Dierdre Scozzafava Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: NY District: 23 Special-General2009	Transaction ID: 30720577 Date of Disbursement 10 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Issa For Congress <hr/> Mailing Address P O Box 760 <hr/> City Vista State CA Zip Code 92085 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Darrell E. Issa Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 49	Transaction ID: 30720578 Date of Disbursement 10 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial) Schakowsky For Congress <hr/> Mailing Address P.O. Box 5130 <hr/> City Evanston State IL Zip Code 60204 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Janice D. Schakowsky <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30720580 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Welch For Congress <hr/> Mailing Address PO Box 1682 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Peter Welch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
011 Category/ Type	Transaction ID: 30786729 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
Full Name (Last, First, Middle Initial) Blaine For Congress 2010 <hr/> Mailing Address PO Box 1526 <hr/> City Columbia State MO Zip Code 65205 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 250.00
011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Marion Berry For Congress <hr/> Mailing Address P.O. Box 8084 <hr/> City Jonesboro State AR Zip Code 72403 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Marion Berry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 01	Transaction ID: 30786737 Date of Disbursement 11 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 1500.00
B.	Full Name (Last, First, Middle Initial) Right Track PAC <hr/> Mailing Address 236 Massachusetts Ave., NE, Suite <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Right Track PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30787502 Date of Disbursement 11 / 03 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Citizens For Altmire <hr/> Mailing Address P.O. Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Transaction ID: 30791878 Date of Disbursement 11 / 06 / 2009 <hr/> Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Coburn For Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Thomas Allen Coburn, M.D.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OK District:</p>	<p>Transaction ID: 30791879 Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Committee</p> <p>Mailing Address 236 Massachusetts Ave., N.E. #603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Congressma Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 20</p>	<p>Transaction ID: 30791937 Date of Disbursement 11 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Void - Committee To Elect Chris Murphy</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 05</p>	<p>Transaction ID: 30865419 Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>Void - Committee To Elect Chris Murphy</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 30865421 Date of Disbursement
	Mailing Address P.O. Box 127	<input type="text" value="11"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Christopher Scott Murphy	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Committee	Transaction ID: 30932896 Date of Disbursement
	Mailing Address 236 Massachusetts Ave., N.E. #603	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Congressma Charles A. Gonzalez	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc	Transaction ID: 30932903 Date of Disbursement
	Mailing Address PO Box 29103	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Kay Hagan	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District:</p>	<p>Transaction ID: 30935681</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	2	/	2	0	0	9													
1000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District:</p>	<p>Transaction ID: 30935688</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	2	/	2	0	0	9													
2500.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30935690</p> <p>Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	2	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	0	2	/	2	0	0	9													
2000.00																						

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02</p>	<p>Transaction ID: 30937652 Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Christopher Scott Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05</p>	<p>Transaction ID: 30948247 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Mchenry For Congress</p> <p>Mailing Address PO Box 1406</p> <p>City Hickory State NC Zip Code 28603</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Patrick Timothy McHenry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 10</p>	<p>Transaction ID: 30948248 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TN District: 07

Transaction ID: 30948250
Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
John S. Fund

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

011
Category/
Type

Candidate Name
John S. Fund

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 30957424
Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
Democratic Senatorial Campaign Committee

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Transaction ID: 30957453
Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

58750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 07/31 Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30345473 Date of Disbursement 07 / 31 / 2009 Amount of Each Disbursement this Period 35.03 07/31 Merchant Credit Card Fees	001 Category/ Type
B.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 07/31 Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30345474 Date of Disbursement 07 / 31 / 2009 Amount of Each Disbursement this Period 11.00 07/31 Bank Fees	001 Category/ Type
C.	Full Name (Last, First, Middle Initial) SunTrust Bank Mailing Address 1445 New York Ave, NW City Washington State DC Zip Code 20005 Purpose of Disbursement 08/31 Merchant Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30474750 Date of Disbursement 08 / 31 / 2009 Amount of Each Disbursement this Period 35.03 08/31 Merchant Credit Card Fees	001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	81.06
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 30474751 Date of Disbursement 08 / 31 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 08/31 Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		08/31 Bank Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 30679547 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 09/30 Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		09/30 Bank Fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 30679553 Date of Disbursement 09 / 30 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 35.03
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 09/30 Merchant Credit Card Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		09/30 Merchant Credit Card Fees

SUBTOTAL of Disbursements This Page (optional)	57.03
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31002673 Date of Disbursement 10 / 31 / 2009
	Mailing Address 1445 New York Ave, NW	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 11.00
	Purpose of Disbursement 10/31 Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		10/31 Bank Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31002734 Date of Disbursement 10 / 31 / 2009
	Mailing Address 1445 New York Ave, NW	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 79.93
	Purpose of Disbursement 10/31 Merchant CC Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		10/31 Merchant CC Fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31002736 Date of Disbursement 11 / 30 / 2009
	Mailing Address 1445 New York Ave, NW	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 11.00
	Purpose of Disbursement 11/30 Bank Fees Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		11/30 Bank Fees

SUBTOTAL of Disbursements This Page (optional)	▶	101.93
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31002738 Date of Disbursement 11 / 30 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 79.93
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 11/30 /Merchant CC Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		11/30 /Merchant CC Fees

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31119206 Date of Disbursement 12 / 31 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 11.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 12/31 Bank Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		12/31 Bank Fees

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: 31119784 Date of Disbursement 12 / 31 / 2009
	Mailing Address 1445 New York Ave, NW	Amount of Each Disbursement this Period 203.18
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement 12/31 Merchant CC Fees Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		12/31 Merchant CC Fees

SUBTOTAL of Disbursements This Page (optional)	294.11
TOTAL This Period (last page this line number only)	534.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A.	Full Name (Last, First, Middle Initial) Senator Van de Putte Campaign <hr/> Mailing Address 700 N. St. Mary's Suite 1725-A <hr/> City San Antonio State TX Zip Code 78205 <hr/> Purpose of Disbursement Leticia Van de Putte, STATE SENATE 26th TX <hr/> Candidate Name Senator Leticia Van de Putte <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:	Transaction ID: 30469275 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Friends of Senator Jane Nelson <hr/> Mailing Address P.O. Box 608 <hr/> City Grapevine State TX Zip Code 76051 <hr/> Purpose of Disbursement Jane Nelson, STATE SENATE 12th TX <hr/> Candidate Name Senator Jane Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District:	Transaction ID: 30469276 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00
C.	Full Name (Last, First, Middle Initial) Chuck Hopson Campaign <hr/> Mailing Address 506 E. Commerce <hr/> City Jacksonville State TX Zip Code 75766 <hr/> Purpose of Disbursement Chuck Hopson, STATE HOUSE 11th TX <hr/> Candidate Name Representa Chuck Hopson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 11	Transaction ID: 30469277 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Association of Chain Drug Stores Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kolkhorst For State Representative

Mailing Address P O Box 2546

City Brenham State TX Zip Code 77834

Purpose of Disbursement
Lois Kolkhorst, STATE HOUSE 13th TX

Candidate Name
Representa Lois Kolkhorst

Office Sought: House
 Senate
 President

State: TX District: 13

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 30469279

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

500.00

Lois Kolkhorst, STATE HOUSE 13th TX

B. Full Name (Last, First, Middle Initial)
Leo Berman Campaign

Mailing Address 2109 Dover Lane

City Tyler State TX Zip Code 75703

Purpose of Disbursement
Leo Berman, STATE HOUSE 6th TX

Candidate Name
Representa Leo Berman

Office Sought: House
 Senate
 President

State: TX District: 06

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 30469281

Date of Disbursement

09 / 01 / 2009

Amount of Each Disbursement this Period

500.00

Leo Berman, STATE HOUSE 6th TX

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

2500.00